

R432. Health, Health Systems Improvement, Licensing.

R432-104. Specialty Hospital - [~~Chronic Disease~~Long-Term Acute Care].

R432-104-1. Legal Authority.

This rule is adopted pursuant to Title 26, Chapter 21.

R432-104-2. Purpose.

The purpose of this rule is to promote the public health and welfare through the establishment and enforcement of program standards for the operation of [~~chronic disease~~long-term acute care (LTAC) hospitals.

R432-104-3.[~~Definition.~~

~~(1) Refer to R432-1-3.~~

R432-104-4.] License.

- (1) To be licensed as an [~~chronic disease~~LTAC] hospital, the facility shall:
 - (a) Have a duly constituted governing body with overall administrative and professional responsibility;
 - (b) Have an organized medical staff which provides 24-hour inpatient care;
 - (c) Have a chief executive officer to whom the governing body delegates the responsibility for the operation of the hospital;
 - (d) Maintain at least one nursing unit containing patient rooms, patient care spaces, and service spaces defined in construction rules R432-10-3;
 - (e) Each nursing unit shall contain at least six patient beds;
 - (f) Rooms and spaces comprising each nursing unit shall be organized in a contiguous arrangement.
 - (g) Maintain current and complete medical records.
 - (h) Provide continuous registered nurse supervision and other nursing services;
 - (i) Provide in house the following basic services:
 - (i) Pharmacy;
 - (ii) Laboratory;
 - (iii) Nursing services;
 - (iv) Occupational, Physical, Respiratory and Speech therapies;
 - (v) Dietary;
 - (vi) Social Services; and
 - (vii) Specialized Diagnosis and therapeutic services.
- (2) The [~~chronic disease~~LTAC] hospital shall provide on site all basic service required of a general hospitals that are needed for the diagnosis, therapy, and treatment offered or required by all patients admitted to the hospital.
- ~~[(3) Rooms and spaces comprising each nursing unit shall be organized in an contiguous arrangement.]~~

R432-104-[5]4. General Design Requirements.

- (1) See R432-10,[~~Chronic Disease~~Long-Term Acute Care Hospital Construction Rules.

(2) The LTAC hospital may be located within an existing licensed health care facility or be freestanding.

R432-104-5. Hospital located within an Acute Care Hospital.

If an LTAC is located within a licensed acute care hospital, it must:

(1) have a separate governing body, chief executive officer, chief medical officer, and medical staff from the co-located hospital;

(2) perform basic functions independently from the host hospital;

(3) incur not more than 15 per cent of its total inpatient operating costs for items and services supplied by the host hospital;

(4) admit 75 per cent of patients from other sources than the host hospital;

(5) maintain admission and discharge records separately from those of the hospital in which it is co-located;

(6) not commingle beds with beds in which it is located; and

(7) be serviced by the same Medicare fiscal intermediary as the hospital of which it is a part.

R432-104-6. Organization and Staff.

~~[(1)]~~ The following services and policies shall comply with R432-100.

~~[(a)]~~ 1) Governing Body, R432-100-5.

~~[(b)]~~ 2) Administrator, R432-100-6.

~~[(c)]~~ 3) Medical and Professional Staff, R432-100-7.

~~[(d)]~~ 4) Nursing Care Services, R432-100-12.

~~[(e)]~~ 5) Personnel Management Services, R432-100-8.

~~[(f)]~~ 6) Infection Control, R432-100-10.

~~[(g)]~~ 7) Quality Improvement Plan, R432-100-9.

~~[(h)]~~ 8) Patient Rights, R432-100-11.

R432-104-7. Admission and Discharge Policy.

(1) An ~~LTAC~~ ~~[Chronic Disease Hospital]~~ shall implement as an admission policy an average inpatient length of stay greater than 25 days and which complies with R432-104-7(2) ~~and R432-104-3~~.

(2) Patients who have one or more of the following conditions may be admitted to an ~~[Chronic Disease Hospital]~~ LTAC:

(a) ~~the~~ ~~[P]~~ patient is medically unstable due to chronic or long-term illness and requires a weekly physician visit~~[-]~~; or

(b) ~~[P]~~ the patient requires dangerous drug therapy, continuous use of a respirator or ventilator, or suctioning or nasopharyngeal aspiration at least once per nursing shift.

~~(c) Patient may have one of the following conditions:~~

~~(i) uncontrolled epileptic seizures more than three times a week;~~

~~(ii) assaultive or disruptive episodes at least once per week along with at least two skilled nursing services at the frequency described in R432-104-7(2)(d) below;~~

~~(d) ~~[P]~~ the patient requires skilled nursing services and care ~~[in excess of those services provided in a nursing care facility.]~~ which requires a registered nurse present for care 24 hours per day for~~

- ~~(i) Patient is dependent on others for activities of daily living;~~
- ~~(ii) Patient requires]~~ at least three of the following treatments at the specified frequency;
 - ~~([A]i)~~ extensive dressings for deep decubiti, surgical wounds, or vascular ulcers daily;
 - ~~([B]ii)~~ isolation for infectious disease 24 hours per day;
 - ~~([C]iii)~~ suctioning three days per week;
 - ~~([D]iv)~~ occupational therapy, physical therapy, or speech therapy five days a week;
 - ~~(v)~~ respiratory therapy;
 - ~~([E]6)~~ special ostomy care daily;
 - ~~([F]7)~~ oxygen daily;
 - ~~([G]8)~~ traction; or
 - ~~([H]9)~~ catheter or wound irrigation daily.
- (3) Within 24 hours of admission the attending physician shall document:
 - (i) The patient's current medical and respiratory status, including pertinent clinical parameters;

and

- (ii) Treatment plan and goals;
- (iii) Estimated length of stay; and
- (iv) Anticipated discharge plan.
- (4) The LTAC shall discharge the patient from the facility if:
 - (a) the physician documents that the patient:
 - (i) requires additional intense services in an acute hospital;
 - (ii) exhibits no evidence of progress towards current, documented goals over an eight-week period and a medically appropriate alternative for discharge exists; or
 - (iii) has met documented goals established at or modified following admission and medically appropriate alternatives for discharge exist; or
 - (b) the patient or care giver exhibit ability to care for the patient's physical needs.

R432-104-8. Clinical Services.

The following services shall be provided in-house and comply with R432-100.

- (1) Pharmacy Service, R432-100-24.
- (2) Laboratory Service, R432-100-~~[23]~~22.
- (3) Rehabilitation Therapy Services, R432-100-20.
- (4) Dietary Service, R432-100-31.
- (5) Social Services, R432-100-25.
- (6) Occupational Therapy Services shall be available for all patients who require the service.
 - (a) The occupational therapy services shall be directed by a licensed occupational therapist who shall have administrative responsibility for the occupational therapy department.
 - (b) Staff occupational therapists shall be licensed by the Utah Department of Commerce Title 58, Chapter 42.
 - (i) If Occupational Therapy Assistants are employed to provide patient services they shall be supervised by a licensed therapist.
 - (ii) Patient services shall be commensurate with each person's documented training and experience.
 - (c) Occupational Therapy services shall be initiated by an order from the medical staff.

(d) Written policies and procedures shall be developed and approved in conjunction with the medical staff to include:

- (i) Methods of referral for services,
- (ii) Scope of services to be provided,
- (iii) Responsibilities of professional therapists,
- (iv) Admission and discharge criteria for treatment,
- (v) infection control,
- (vi) safety,
- (vii) individual treatment plans, objectives, clinical documentation and assessment,
- (viii) incident reporting system,
- (ix) emergency procedures.

(e) Equipment shall be calibrated to manufacturer's specifications.

(f) There shall be a written individual treatment plan for each patient appropriate to the diagnoses and condition.

(g) The Occupational Therapy department shall organize and participate in continuing education programs.

(7) Speech Therapy services shall be available for all patients who require the service.

(a) The Speech-Pathology language services shall be directed by a licensed Speech-Pathologist or Audiologist who shall have administrative responsibility for the Speech-Audiology therapy department.

(b) Staff speech therapist and audiologist shall be licensed the Utah Department of Commerce, see Title 58, Chapter 41.

(i) If Speech-language pathology aides or audiology aides are employed to provide patient services they shall be supervised by a licensed therapist.

(ii) Patient services shall be commensurate with each person's documented training and experience.

(c) Speech and Audiology services shall be initiated by an order from the medical staff.

(d) Written policies and procedures shall be developed and approved in conjunction with the medical staff to include:

- (i) Methods of referral for services,
- (ii) Scope of services to be provided,
- (iii) Responsibilities of professional therapists,
- (iv) Admission and discharge criteria for treatment,
- (v) Infection control,
- (vi) Assistive Technology,
- (vii) Individual treatment plans, objectives, clinical documentation and assessment,
- (viii) Incident reporting system,
- (ix) Emergency procedures.

(e) Equipment shall be calibrated to manufacturer's specifications.

(f) There shall be a written individual treatment plan for each patient appropriate to the diagnoses and condition.

(g) The Department shall organize and participate in continuing education programs.

(8) Respiratory Care Services, R432-100-19.

R432-104-9. Emergency Services.

(1) Each specialty hospital shall have the ability to provide emergency first aid treatment to patients, staff, and visitors and to persons who may be unaware of or unable to immediately reach services in other facilities.

(2) Provisions for services shall include:

- (a) Treatment room;
- (b) Storage for supplies;
- (c) Provisions for reception area and control of walk-in traffic;
- (d) Patient toilet room;
- (e) Telephone service in order to call the poison control center;
- (f) Staff available in the facility to respond in case of an emergency.

(3) Each hospital shall have available an automated external defibrillator unit and at least one staff on duty who is competent on its use.

R432-104-10. Complementary Services.

~~[When]~~If the following services are provided in-house, they shall comply with R432-100.

- (1) ~~[Anesthesia Services, R432-100-15.~~
- ~~(2)]Radiology Services, R432-100-21.~~
- ~~[(3) Respiratory Service, R432-100-19.~~
- ~~(4) Surgical Services, R432-100-14.~~
- ~~(5) Critical Care Unit, R432-100-13.~~
- ~~(6)](2) Outpatient Services, R432-100-28.~~
- ~~[(7)](3) Pediatric Services, R432-100-18.~~
- ~~[(8)](4) Hospice, R432-750.~~

R432-104-11. Ancillary Services.

The following services shall be provided in-house and shall comply with R432-100.

- (1) Central Supply, R432-100-34.
- (2) Laundry, R432-100-~~[38]~~35.
- (3) Medical Records, R432-100-33.
- (4) Maintenance, R432-100-37.
- (5) Housekeeping, R432-100-36.
- (6) Emergency and Disaster Plans, R432-100-38.

R432-104-12. Penalties.

Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-6 and be punished for violation of a class A misdemeanor as provided in 26-21-16.

KEY: health facilities

~~[March 3, 1995]~~2002

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